patients worldwide, but not from the vitreous [1–3]. There are reports about nematodes extracted from the vitreous of humans, such as hookworm [4], *Dirofilaria immitis* [5] and *Parastrongylus* spp. [6] from Sri Lanka and other parts of the world but no case reports are available of *Wuchereria bancrofti*.

Therefore this is the first record of a *Wuchereria bancrofti* from the vitreous of a human in the world. The features of the worm in this case closely resemble the measurements of a female *Wuchereria bancrofti* [1].

We can only speculate how this worm gained access to the vitreous. The worm may have come through either the blood stream to the choroid and then to the vitreous, or from the anterior chamber to the posterior chamber and through the ciliary body into the vitreous.

**Acknowledgements**

We thank Professor AS Dissanaike for his advice, Dr. KA Zalvin, Registrar, Eye Hospital, Colombo, Mrs RADN Jayanthi, Photography unit, Postgraduate Institute of Medicine, Mrs CS Suriage and Mr RAJC Jayasinghe, Department of Parasitology, Medical Research Institute for their co-operation.

**References**


---

**A case of trichobezoar**

BJC Perera¹, BKN Romanie Rodrigo², TUN de Silva³ and IR Ragunathan⁴

**Introduction**

A bezoar is a ball of swallowed foreign material that collects in the stomach and usually fails to pass into the intestine. Trichobezoar (hair) and phytobezoar (vegetable fibres) are the most frequent forms [1, 2]. Lactobezoars consist of curdled milk found usually in intants. The incidence of trichobezoar is very low in children. The risk of all bezoars is greater among mentally retarded or emotionally disturbed children [2, 3].

A 4-year old girl was admitted to Lady Ridgeway Hospital with a history of pica (hair, chalk, soil) for 6 months and abdominal pain of 3 days’ duration. Her younger brother was 9 months old.

There was an ill-defined, firm, mobile, non-tender mass in the epigastrium and left upper quadrant of the abdomen. A CT scan of the abdomen (Figure 1) revealed a trichobezoar in the stomach. At laparotomy a large hair-ball extending from the stomach into the duodenum and proximal jejunum (Figure 2) was removed. The patient had an uneventful post-operative period.

---

¹Paediatrician, ²Senior Registrar, ³Registrar and ⁴Senior House Officer, Lady Ridgeway Hospital for Children, Colombo 8. Correspondence: BJCPerera, e-mail: <bjcp@sltnet.lk>. (Competing interests: none declared). Received 25 January 2005 and revised version accepted 25 May 2005.
A psychiatrist concluded that she was a psychologically normal child, the reason for her abnormal behaviour being severe hyperemesis of the mother and birth of a newborn child in the family.

Diagnosis of trichobezoar is based on evidence of trichophagy, abdominal mass and imaging. ACT scan of the abdomen can confirm the presence of a trichobezoar. The treatment of gastric bezoar consists of endoscopic or surgical removal. Prognosis is full recovery.

References

Proliferating myositis and proliferating fasciitis: benign lesions often misdiagnosed as sarcomas

MMA Jayawickrama¹, HRRG Jayasekara² and MVC de Silva³.

(Index words: Clinical features, immunohistochemistry, histology)

Introduction
Proliferative myositis and proliferative fasciitis are benign lesions that are often misdiagnosed as sarcomas [1, 2], leading to unnecessary mutilating surgery and chemotherapy. We report two such initially misdiagnosed cases.

Case history

Case 1
A 77-year-old man presented with painless, mobile swelling of the right anterior chest wall of 3 months’ duration. Ultrasound scan revealed an elliptical lesion measuring 4 x 3 cm within the pectoralis major muscle. It had a hyperechoic centre and hypoechoic periphery. A diagnosis of a spindle cell sarcoma was made on an incisional biopsy. This diagnosis was reviewed and confirmed by a second pathologist and a radical mastectomy was performed. The patient remained well 26 months after surgery.

Case 2
A 25-year-old woman presented with a well demarcated rapidly enlarging tender nodule measuring 2 cm in diameter in the right supraclavicular area of 2 weeks’ duration. The lesion was excised. It was diagnosed as a rhabdomyosarcoma. The patient is without recurrence 24 months after surgery.

Both cases were subsequently referred to the third author for review. In Case 1, the lesion comprised a poorly demarcated intramuscular spindle cell proliferation. There were large ganglion-like cells with basophilic cytoplasm, vesicular nuclei and prominent nucleoli in a background of plump spindle shaped cells (Figure 1). There were scattered mitotic figures. The stroma was myxoid and showed red cell extravasation. There was extension of lesional cells in between atrophic muscle fibres. The histological features were those of proliferative myositis.

The lesion in Case 2 was composed of cells similar to those in Case 1, but without involvement of skeletal muscle. There were scattered mitotic figures. The